

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1115 Wyandott 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ruby Florida Miller

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **3 divorced**
6. (b) Name of husband or wife **R. F. Muller** 6. (c) Age of husband or wife if alive **1860** years
7. Birth date of deceased **Oct 2 1860**
(Month) (Day) (Year)

8. AGE: Years **82** Months **1** Days **26** If less than one day hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER

12. Name **David Carnahan**

13. Birthplace **Pa - 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Melissa**

15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Beba Wise**

(b) Address **1115 Wyandott**

17. (a) **Burial** (b) Date thereof **Dec 1 1942**
(Burial, inhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mc Routh Kansas**

18. (a) Signature of funeral director **Mrs. C. K. Foster**

(b) Address **918 Broadway**

19. (a) **11-30-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1115 Wyandott**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28**
year **1942** hour **7** minute **45 P.**

21. I hereby certify that I attended the deceased from **Nov 27** to **Nov 28** 19**42**
and that death occurred on the date and hour stated above, **Nov 27** 19**42**

Immediate cause of death **Chronic Myocarditis** Duration **5 yrs**

Due to **1938**

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **R. P. Bennett** (M. D. or other)
Address **926 2nd St** Date signed **11/30/42**

